

**SYLVANIA TOWNSHIP POLICE DEPARTMENT
4420 KING ROAD, SYLVANIA, OHIO 43560**

APPLICATION FOR EMPLOYMENT – DISPATCHER

PERSONAL

Name _____ SSN _____

Address _____

City, State and ZIP _____

Email Address _____

Home Phone () _____ Alternate Phone () _____

Are you a U.S. citizen? Yes No

Are you at least 21 years of age? Yes No

Can you type 30 words per minute? Yes No

EDUCATION

High School Name/Address _____

Diploma Achieved? Yes No If no, GED Achieved? Yes No

**College/Additional
Education**

Name of College/University	Dates Attended	Major	Degree Completed (Y/N)	If degree not completed, indicate no. of credit hours-specify semester or quarter

Are you able to be L.E.A.D.S. Certified? Yes No

If you were ever L.E.A.D.S. Certified, with what agency(s)?

Did you serve in the military? Yes No If yes, state which branch _____

Honorably Discharged? Yes No Dates served: from _____ to _____

OTHER QUALIFICATIONS/ACHIEVEMENTS/SKILLS

PREVIOUS EMPLOYMENT EXPERIENCE

You must indicate in "duties" which employer you had previous computer experience. Also, indicate which employer you had law enforcement dispatching and/or 911-operator experience, if applicable.

Employer Name _____ Employed from _____ to _____

Address _____ Phone () _____

Position Held/Duties _____

Employer Name _____ Employed from _____ to _____

Address _____ Phone () _____

Position Held/Duties _____

Employer Name _____ Employed from _____ to _____

Address _____ Phone () _____

Position Held/Duties _____

REFERENCES

Name _____ Personal or Business Reference? _____

Address _____ Phone () _____

Name _____ Personal or Business Reference? _____

Address _____ Phone () _____

THE APPLICANT HEREIN AUTHORIZES THE SYLVANIA TOWNSHIP POLICE DEPARTMENT TO INVESTIGATE INFORMATION SUPPLIED BY HIM/HER AND TO INQUIRE IN REGARDS TO THE APPLICANT'S BACKGROUND INCLUDING ACADEMIC, OCCUPATIONAL, HEALTH, AND CRIMINAL RECORDS IN ITS CONSIDERATION OF HIM/HER AS A PROSPECTIVE EMPLOYEE. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, AND GENERAL CHARACTERISTICS. IT IS UNDERSTOOD THAT AS PART OF OUR HEALTH PROGRAM, YOU MAY BE ASKED TO COMPLETE A PHYSICAL EXAMINATION. I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. I UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Applicant Signature

Date

****IMPORTANT: In order for your application to be considered, you must attach the following documentation. Failure to attach all of the following will result in your application being rejected and you will not be able to participate in the competitive examination. Also, an original application with an original signature must be submitted. Applications MAY NOT be faxed in.**

- Copy of valid driver's license
- Copy of social security card
- DD214 (if military applies)
- Copy of birth certificate or Naturalization Card showing U.S. citizenship

**SYLVANIA TOWNSHIP POLICE DEPARTMENT
RECORD-MAINTENANCE FORM**

The Federal Guidelines on Employee Selection (1978) and the Ohio Revised Code require employers to maintain and have available for inspection, records or other information which will disclose the impact which the employer's tests and other selection procedures have upon employment opportunities of persons by identifiable race, sex, ethnic group, and age status. Compliance with this mandate requires that each applicant be requested to complete this Record Maintenance Form. This form will be detached from the application sheet prior to the establishment of the eligible list.

Information concerning your knowledge that a position was available will assist us in our recruitment and promotional efforts.

Thank you for your cooperation.

1. Position applied for: _____

2. Sex: (Please check one) _____ Male _____ Female _____ Do not care to respond

3. Race: Please check the category that applied to you.

_____ A. White
_____ B. Black
_____ C. American Indian (including Alaskan Natives)
_____ D. Asians (including Pacific Islanders)
_____ E. Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American origin or culture regardless of race)
_____ F. Other (please specify)
_____ G. Do not care to respond

4. Age: Please check the category that applies to you.

_____ Less than 18 years
_____ 18 to 29 years
_____ 30 to 39 years
_____ 40 to 49 years
_____ 50 to 59 years
_____ 60 years and over
_____ Do not care to respond

5. How did you hear about this position? (Please check one)

_____ A. Newspaper Ad
If yes, which newspaper _____
_____ B. Web Site
_____ C. Word of Mouth
_____ D. Other, please specify _____